



**BRENTWOOD PAL**  
**9100 Brentwood Blvd.**  
**Brentwood, CA 94513**  
**YEARLY REGISTRATION**  
**COST: FREE (except Martial Arts)**



*MEMBERSHIP IS VALID FOR ONE YEAR FROM DATE OF REGISTRATION,  
SOME PROGRAMS MAY HAVE ADDITIONAL CHARGES*

**PLEASE PRINT ALL INFORMATION - ONE FORM PER CHILD**

CHILD'S FIRST NAME		CHILD'S LAST NAME			BIRTHDATE		SEX	
ADDRESS				CITY		ZIP		
HOME PHONE		CELL PHONE			EMAIL ADDRESS			
ETHNICITY PLEASE CIRCLE ONE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	CAUCASIAN	HISPANIC	PACIFIC ISLANDER	MULTI RACIAL	OTHER
SCHOOL NOW ATTENDING							GRADE	
PLEASE LIST MEDICAL CONDITIONS AND MEDICATIONS								
CIRCLE ALL THAT YOUR CHILD WILL PARTICIPATE IN								
MENTORING		MARTIAL ARTS		YOUTH CENTER		GUITAR		DAY TRIPS
HOUSEHOLD TYPE PLEASE CIRCLE ONE		BIRTH HOME	GROUP HOME	FOSTER CARE	GUARDIANSHIP - RELATIONSHIP			
HEAD OF HOUSEHOLD		EMPLOYER				WORK PHONE		
OTHER GUARDIAN		EMPLOYER				WORK PHONE		

EMERGENCY CONTACT / RELATIONSHIP		EMERGENCY CONTACT / RELATIONSHIP	
ADDRESS		ADDRESS	
CITY / STATE / ZIP		CITY / STATE / ZIP	
PHONE		PHONE	

I do hereby release Brentwood PAL, its agents and employees, from any and all claims of any kind, for loss, damages or injuries while my child is participating in activities of the Brentwood Police Activities League. I also understand that during the Brentwood PAL programs and/or activities, my photograph(s) and/or the photograph(s) of my child may be taken by the Brentwood Police Activities League, producers, sponsors, organizers, and/or assigns. I agree that my photograph(s) and/or the photograph(s) of my child, including video photography, film photography or other reproductions of my likeness and/or the likeness of my child, may be used without charge by the Brentwood Police Activities League, producers, sponsors, organizers and/or it assigns for such purpose as they deem appropriate. I have read, understand and approve the Video/Photo Release above.

**All above information is true to the best of my knowledge and I am aware that the information will be verified.**

PARENT / LEGAL GUARDIAN NAME

\_\_\_\_\_  
PLEASE PRINT

FOR OFFICE USE ONLY

DATE SUBMITTED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE